

BRC, 3WBRC and BRC 2 COMPLETION REPORT

MAIL OR FAX WITHIN 7 DAYS FROM COMPLETION OF COURSE TO:

BUREAU OF MOTOR VEHICLES, RIDER EDUCATION PROGRAM

29 STATE HOUSE STATION, AUGUSTA, ME 04333-0029

TEL# 624-9000 ext. 52128 FAX# 624-9158

SCHOOL NAME:

TELEPHONE#:

COURSE LOCATION:

RANGE LICENSE#:

INSTRUCTOR(S):

COURSE START DATE: # OF STUDENTS: BRC () PERMIT () INCOMPLETE () TOTAL ()

COURSE ENDING DATE: # OF STUDENTS: BRC2 () 3WBRC () INCOMPLETE () TOTAL ()

	STUDENT NAME (List alphabetically) LAST FIRST MI.	D.O.B.	PHONE #	B R C	P e r m i t	I N C	CCC #
1							
2							
3							
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23							
24							

I certify that each student has completed the course checked above and met all state requirements; BRC, 3WBRC or BRC2.

I understand that knowingly supplying false information will result in the suspension or revocation of any license issued to me.

LICENSEE'S SIGNATURE:

Date:

NOTE: You must keep a copy of this roster for your files.

MVE-89 4/2016